

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2003

Application or Docket Number

10/511326

CLAIMS AS FILED - PART I

| (Column 1)                       | (Column 2)   |                          |
|----------------------------------|--------------|--------------------------|
| TOTAL CLAIMS                     |              |                          |
| FOR                              | NUMBER FILED | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 8 minus 20 = |                          |
| INDEPENDENT CLAIMS               | 1 minus 3 =  |                          |
| MULTIPLE DEPENDENT CLAIM PRESENT |              | <input type="checkbox"/> |

If the difference in column 1 is less than zero, enter "0" in column 2

| SMALL ENTITY TYPE | OTHER THAN OR SMALL ENTITY |
|-------------------|----------------------------|
| RATE              | FEES                       |
| BASIC FEE         | OR BASIC FEE 950           |
| XS 9=             | OR XS18=                   |
| X43=              | OR X86=                    |
| +145=             | OR +290=                   |
| TOTAL             | OR TOTAL 950               |

10/15/4 CLAIMS AS AMENDED - PART II

| AMENDMENT A                                    |   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|--|---|----------------------------------|------------------------------------|---------------|
|  |   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total  | 8 | Minus                            | 30                                 |               |
| Independent                                    | 1 | Minus                            | 3                                  |               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                  | <input type="checkbox"/>           |               |

| SMALL ENTITY     | OTHER THAN SMALL ENTITY |
|------------------|-------------------------|
| RATE             | ADDITIONAL FEE          |
| XS 9=            | OR XS18=                |
| X43=             | OR X86=                 |
| +145=            | OR +290=                |
| TOTAL ADDIT. FEE | OR TOTAL ADDIT. FEE     |

| AMENDMENT B                                    |   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|--|---|----------------------------------|------------------------------------|---------------|
|  |   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total  | 6 | Minus                            | 20                                 |               |
| Independent                                    | 3 | Minus                            | 3                                  |               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                  | <input type="checkbox"/>           |               |

| AMENDMENT C | RATE             | ADDITIONAL FEE | RATE                | ADDITIONAL FEE |
|-------------|------------------|----------------|---------------------|----------------|
| Total       | XS 9=            |                | XS18=               |                |
| Independent | X43=             |                | X86=                |                |
|             | +145=            |                | +290=               |                |
|             | TOTAL ADDIT. FEE |                | OR TOTAL ADDIT. FEE |                |

| AMENDMENT C                                    |  | (Column 1)                       | (Column 2)                         | (Column 3)    |
|--|--|----------------------------------|------------------------------------|---------------|
|  |  | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total  |  | Minus                            | 0                                  |               |
| Independent                                    |  | Minus                            | 0                                  |               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                                  | <input type="checkbox"/>           |               |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- \* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
- \* The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.